PTO/SB/06 (08-03)
Approved for use through 7/31/2008. OMS 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper	WORK REDUCTION AC ATENT APPL	CALIC	N FEE DET	EKMINATI	$\sim \sim$		niormation un	922 g (12b	tays a valid OME	OF COMMERCI control number	֡֟֝֟֝֟֝֟֝֟֝֟֝֟	
		00030	ACCORDING FORM F	10-6/3					0-09	11/02		
CLAIMS AS FILED - PART ( (Column 1) (Column 2)						SMALL	ENTITY	OR	OTHER THAN			
FOR NUMBER FILED		) AUA	MUMBER EXTRA		RATE	FEE		RATE	FEE	1	••	
BASIC FEE (37 CFR 1.16(a))		/			7			o <sub>R</sub>	10.11	T FEE	;	
TOTAL CLAIMS (37 CFR 1.16(c))	3!	.35 minus 20 «.		. /		X \$ =	<del>                                     </del>	7		<del>  ••</del>	-	
INDEPENDENT CL	AIMS	minus 3 =					╁──	OR	× 5=		4.	-
```		<del></del>			┨	X \$=	<del> </del>	OR	×8		<b>.</b> .	
MULTIPLE DEPEND	DENT CLAIM PRESI	ENT	(37 CFR 1.16(d))		J	+1	<u> </u>	OR	+5=			•
"If the difference in column 1 is less than zero, enter "O" in column 2.						TOŢAL		OR	TOTAL		]	
fler "	CLAIMS AS AN	MENDE	- PART II				•	. •·.	i	··· ·· ·		
V	(Column 1)		(Column 2)	(Column 3)		SMALL	ENTITY	OR		R THAN :"	ļ.: :;	
E 3-14-05	CLAIMS REMAINING AFTER	$T^{-}$	HIGHEST NUMBER PREVIOUSLY	PRESENT	7	RATE	ADDI- TIONAL		RATE	ADOI- ~	 	
Total (profit (lifet) Independent (profit (lifet) Independ	AMENDMENT	Minus	PAID FOR	<del>                                     </del>	┨		FEE		1 31	TIONAL	<b>T</b>	1
(D) OFR (LIG(d))	1.71	Minus	35	-	1	x, 25.		OR	x', 50 -	140 F	}-	1
Z independent (37 CFR 1.16(a))	Ψ.	Munus	1 4	-		x \$/00=		OR .	x s200=	7. 278	]	
	TATION OF MUETIP	LE DEPENO	енталы дга	FR 1.16(d))	l	+1/80		OR .	+.360		<u></u>	
						TOTAL ADD'L FEE			TOTAL		1	
	(Column 1)					ADDLIFE		OR	ADD'L FEE	L	1	
	CLAIMS		(Column 2) HIGHEST	(Column 3)	1 1					- 1		; :
Total (17 OR 1.16(c))	REMAINING AFTER AMENDMENT		PREVIOUSLY PAID FOR	PRESENT		RATE	ADDI- TIONAL FEE-		RATE	ADOI: TIONAL		:
Total Total Total Total Total	35.	Minus	" <i>3</i> 5	=		x . 75 .		OR	x.50.	FEE		. come i
DI OFR 1.16am	. 10	Minus	" 4	* 2_		× DOU	<u>.</u>		. 200_	160		•
<u> </u>	TATION OF A PER					A 2 0 - E		OR	X.52-0-	400-		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+s =		OR	-+ g - · · · ·		•	Znaninisti
						ADOL FEE		OR	ADD'L FEE	400	,	
	(Column 1)		(Calumn 2)	(Cotumn 3)		-	•	•	• •			
	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADOI- TIONAL	.	RATE	ADDI-	•	
Total (37 CPR 1,16(4)) Independent (37 CPR 1,16(3))	AMENDMENT	Minus	PAID FOR				*FEE	ł	<u> </u>	TIONAL FEE		
(37 CFR 1,18(c))				<u>.</u>		x s=		OR	x 3			
Independent (37 OFR 1.16(0))		Minus	•••	E '		x s=		OR .	X'\$ =	י מייציי		
FIRST PRESENT	ATION OF MULTIPLE		+1 =		OR I		************	·				
	<del></del>				L	TOTAL			TOTAL	<del></del>		<del></del> -
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									ADOJ EEE	<u> - 12   12   12   12   12   12   12   12</u>		i la cair
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".									*** # # # # # # # # # # # # # # # # # #	Sand Character (	evicus;	Pala Fer 1 Pala Fair 11
The Highest Mr.	mber Provincely P	ald Care (1	er itiid office e	- ess uian J, en	uer"			!	The NA	and the second of the		ata car er

Freezing and the Control of the Cont

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by this public which is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by this public which is rich in an above the public which is rich in a submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete his form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS prince of Patents. P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2